

UNITED STATES DISTRICT COURT

Jeffrey DeLoessantos

(In the space above enter the full name(s) of the plaintiff(s).)

v.

Defendant No. 1 OFFICER JESSICA RODRIGUEZ
SHIELD #

Defendant No. 2 OFFICER JERRY CHOI
SHIELD # UNKNOWN

Defendant No. 3

Defendant No. 4

Defendant No. 5

(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part I. No addresses should be included here.)

I. Parties in this complaint:

A. List your name, identification number, and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plainti

Name JEFFREY DELOSSANTOS
ID # 12A4955

Current Institution QUEENSBORO Correctional Facility

Address 47-04 VAN DAM STREET.

Long Island City, New York 11101

B. List all defendants' names, positions, places of employment, and the address where each defendant may be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

12 CV. 8925 (WHP)
(AMENDED)
COMPLAINT

under the

Civil Rights Act, 42 U.S.C. § 1983

Jury Trial: Yes No
(check one)

D. Facts: ON DECEMBER 11th 2009 I WAS WAITING IN MY HALLWAY FOR A GUEST OF MINE'S WHEN I WAS APPROACHED BY TWO UNDERCOVER OFFICERS WHO ARRESTED ME FOR TRESPASSING. I KEPT TELLING THEM THAT I LIVE IN THE BUILDING AND THEY SAID THAT THEY DONT CARE, I WAS STILL GOING TO JAIL

What happened to you?

Who did what?

Was anyone else involved?

Who else saw what happened?

III. Injuries:

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received.

IV. Exhaustion of Administrative Remedies:

The Prison Litigation Reform Act of 1995, 42 U.S.C. § 1997e(a), requires that “[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted.” Administrative remedies are also known as grievance procedures.

A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

Yes No

If YES, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s). _____

B. Does the jail, prison or other correctional facility where your claim(s) arose have a grievance procedure?

Yes _____ No _____ Do Not Know

C. Does the grievance procedure at the jail, prison or other correctional facility where your claim(s) arose cover some or all of your claim(s)?

Yes _____ No _____ Do Not Know

If YES, which claim(s)? _____

D. Does the grievance procedure at the jail, prison or other correctional facility where your claim(s) arose not cover some of your claim(s)?

Yes _____ No _____ Do Not Know _____

If YES, which claim(s)? _____

E. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose?

Yes _____ No

If NO, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

Yes _____ No

F. If you did file a grievance, about the events described in this complaint, where did you file the grievance? _____

1. Which claim(s) in this complaint did you grieve? N/A _____

2. What was the result, if any? N/A _____

3. What steps, if any, did you take to appeal that decision? Describe all efforts to appeal to the highest level of the grievance process. N/A _____

G. If you did not file a grievance, did you inform any officials of your claim(s)?

Yes No

1. If YES, whom did you inform and when did you inform them? _____

N/A

2. If NO, why not? _____

I. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies. _____

Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.

V. Relief:

State what you want the court to do for you. _____

VI. Previous lawsuits:

A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

Yes No

On
these
claims

B. If your answer to A is YES, describe each lawsuit in questions 1 through 7 on the next page. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same format.)

1. Parties to this previous lawsuit:

Plaintiff _____

Defendants _____

2. Court (if federal court, name the district; if state court, name the county) _____

3. Docket or Index number _____

4. Name of Judge assigned to your case _____

5. Approximate date of filing lawsuit _____

6. Is the case still pending? Yes _____ No _____

If NO, give the approximate date of disposition _____

7. What was the result of the case? (for example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?)

On
other
claims

D. Have you filed other lawsuits in state or federal court otherwise relating to your imprisonment?

Yes _____ No _____

E. If your answer to D is YES, describe each lawsuit in questions 1 through 7 on the next page. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same format.)

1. Parties to this previous lawsuit:

Plaintiff _____

Defendants _____

2. Court (if federal court, name the district; if state court, name the county) _____

3. Docket or Index number _____

4. Name of Judge assigned to your case _____

5. Approximate date of filing lawsuit: _____

6. Is the case still pending? Yes _____ No _____

If NO, give the approximate date of disposition _____

7. What was the result of the case? (for example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?)

Signed this 29th day of July, 2013. I declare under penalty of perjury that the foregoing is true and correct.

Signature of Plaintiff

Inmate Number

Mailing address

JLD

12A4955

QUEENSboro Corr. Fac

47-04 Vernon Street

Long Island City, N.Y. 11101

Note: All plaintiffs named in the caption of the complaint must date and sign the complaint and provide their inmate numbers and addresses.

I declare under penalty of perjury that on this 29th day of July, 2013, I will deliver this complaint to prison authorities to be mailed to the *Pro Se* Office of the United States District Court for the Southern District of New York.

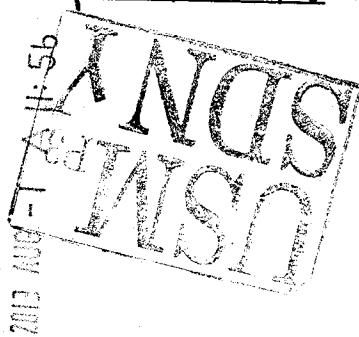
Signature of Plaintiff:

JLD

QUEENSBORO CORRECTIONAL FACILITY
47-04 VAN DAM STREET
LONG ISLAND CITY, NEW YORK 11101-3081

NAME: Jeffrey De los Santos DIN: 1LRY4955

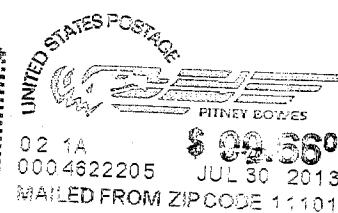
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RECEIVED
CLERKS OFFICE
100071315



QUEENSBORO



CORRECTIONAL FACILITY



ATTN: CLERKS OFFICE (WHP)
500 PEARL STREET
NEW YORK N.Y. 10007

LEGAL MAIL